| FORM PTO-1594 (Modified) Rev. 6-93) | 3-2003 | Docket No.: | |
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| OMB No. 0651-0011 (exp.4/94) | | 1929, et al. | |
| | | V V | |
| Tab settings → → ▼ To the Director of the United States Patent and 10250 | 9205 ad original docu | uments or copy thereof. | |
| 1. Name of conveying party(ies): | 2. Name and address of receiving | | |
| ANSYS, INC. (10) JUL 23 AM 10: 44 | | , | |
| | Name: ANSYS DIAGNOSTIC | CS, INC. | |
| FINANCE SECTION | Internal Address: | | |
| ☐ Individual(s) ☐ Association | Street Address: 25200 COMM | IERCENTRE DRIVE | |
| ☐ General Partnership☐ Limited Partnership☑ Corporation-State CALIFORNIA | City: LAKE FOREST | State: <u>CA</u> ZIP: <u>92630</u> | |
| Other | ☐ Individual(s) citizenship | | |
| Additional names(s) of conveying party(ies) attached? Yes No | ☐ Association | | |
| 3. Nature of conveyance: | ☐ General Partnership | | |
| ☐ Assignment ☐ Merger | ☐ Limited Partnership☑ Corporation-StateCALIFO | | |
| ☐ Security Agreement ☑ Morger ☐ Change of Name | Other | | |
| Other | If assignee is not domiciled in the United | | |
| | designation is attached: | ☐ Yes ☐ No | |
| Execution Date: SEPTEMBER 12, 1997 | (Designations must be a separate docume Additional name(s) & address(es) attached | - . | |
| 4. Application number(s) or registration numbers(s): | · | | |
| | B. Trademark Registr | ration No.(s) | |
| A. Trademark Application No.(s) | _ | • • | |
| | | 1,689,518 1,459,769 | |
| | | 1,157,059 | |
| Additional numbers at | tached? 🗷 Yes 🔲 No | | |
| 5. Name and address of party to whom correspondence | 6. Total number of applications ar | nd 🗀 | |
| concerning document should be mailed: | registrations involved: | 14 | |
| Alaman WAY OFF A MACUATRA DI D | | | |
| Name: WALTER A. HACKLER, Ph.D. | 7. Total fee (37 CFR 3.41): | 7. Total fee (37 CFR 3.41):\$ \$365.00 | |
| Internal Address: | ■ Enclosed | | |
| | ☐ Authorized to be charged to | o deposit account | |
| | | 1 | |
| Street Address: 2372 S.E. BRISTOL, SUITE B | 8. Deposit account number: | | |
| | i | | |
| City: NEWPORT BEACH State: CA ZIP: 92660 | 08-0114 | | |
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| 9. Statement and signature. | | | |
| To the best of my knowledge and belief, the foregoing inform | ation is true and correct and any att | ached copy is a true copy | |
| of the original document. | h mille | 1 - | |
| WALTER A. HACKLER, Ph.D. | flatiline. | Jul 2/200 | |
| Name of Person Signing | Signature | Dette | |
| Total number of pages including co | over sheet, attachments, and document: | | |

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| 1,456,250 | TOXI-PACK |
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| 1,457,239 | TOXI-RACK |
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